



LYNCHBURG PUBLIC LIBRARY

PATRON REGISTRATION FORM

Social Security Number or Virginia DMV I.D. Number

____ _

1. Full Legal

Name: _____
Last First Initial

2. Street: _____

3. City, State, Zip: _____

4. Home Phone: _____ Work Phone: _____

5. College Student (**Currently Enrolled**) at CVCC? Yes _____ No _____

6. Legal Residence: Circle One (**Proof of Residency required**)

City of Lynchburg

Amherst County

Campbell County

Appomattox County

Bedford County

Other

7. Age Range: Circle One

a. 5-12

b. 13-17

c. 18-60

d. 60+

Date of Birth

Month

Day

Year

8. _____ Male or _____ Female

9. **If under 12, a parent or guardian's signature is required:**

Parent or Guardian: _____

10. Permanent Address (**if different from above**):

Street: _____

City, State, Zip: _____

11. E-Mail Address: _____